

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">GARY PALMER FOR CONGRESS</div>			
<b>ADDRESS</b> (number and street)    1919 Oxmoor Rd #235			
<b>CITY, STATE, and ZIP CODE</b> <div style="display: flex; justify-content: space-between;"> <span>Homewood</span> <span>AL</span> <span>35209</span> </div>			
<b>2. NAME OF CANDIDATE</b> Gary Palmer	<b>3. OFFICE SOUGHT</b> (State and District) House                      AL                      06		<b>4. FEC IDENTIFICATION NUMBER</b> C00551374
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="font-weight: bold; font-size: 1.1em;">Daniel Warren Thompson</div> 1 White Oak Ln  Montevallo                                      AL    35115-7866	Name of Employer None  Transaction ID : 614C45C063F114C96 Occupation Retired	Date (month, day, year) 10/22/2014	Amount  3000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="font-weight: bold; font-size: 1.1em;">Susan Whitehead</div> 166 Stoneway Trail  Madison    AL    35758-8540	Name of Employer Information Requested  Transaction ID : 6BB36AC040D3B473 Occupation Information Requested	Date (month, day, year) 10/22/2014	Amount  2600.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="font-weight: bold; font-size: 1.1em;">HEALTHSOUTH CORPORATION POLITICAL ACTION COMMITTEE</div> 3660 GRANDVIEW PARKWAY, SUITE 200  BIRMINGHAM                                      AL    35243	Name of Employer   Transaction ID : 6D74E0ADE535F4CC Occupation	Date (month, day, year) 10/22/2014	Amount  2000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   	Name of Employer   Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   	Name of Employer   Occupation	Date (month, day, year)	Amount

<b>SIGNATURE (optional)</b> Jon Jones  <div style="text-align: center;">[Electronically Filed]</div>	<b>DATE</b> 10/23/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 07/2011)